

Statewide STP Competitive Program
PROJECT APPLICATION
November 1995

Section 1: General Information

AN: STP - -

Program or Project Title _____

Lead Agency Name: _____

Address: _____

Contact Person: _____

Phone Number _____ FAX Number: _____

Signature of Lead Agency
Chief Executive Officer _____ Date _____

Participating Agency Name: _____

Address: _____

Contact Person: _____

Phone Number _____ FAX Number: _____

Signature of Participating Agency
Chief Executive Officer _____ Date _____

Participating Agency Name: _____

Address: _____

Contact Person: _____

Phone Number _____ FAX Number: _____

Signature of Participating Agency
Chief Executive Officer _____ Date _____

Section 2: Description of Program or Project

Describe the program or project, and its objectives:

Type of Project (check all that apply)

____ (a) capital project

____ (b) Program

Types of Mode (check all that apply)

____ HOV, other than transit

____ Transit, including Ferry

____ Bicycles/Pedestrians

____ Roadway, Bridge

____ Other _____

Start date for each phase: Planning_____ PE_____

 R/W_____ CN_____

 Other_____

Describe the status of each phase:

Area/Locale which would benefit from the project (**Attach a detailed vicinity map of proposed project**)

Section 3: Financial Summary

Lead Agency : _____

Fund Source	Phase:	Phase:	Phase:	Total
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STP Competitive				
Federal Funds				
Local Funds				
Private Funds				
Other: _____				
SubTotal				

Participating Agency : _____

Fund Source	Phase:	Phase:	Phase:	Total
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Federal Funds				
Local Funds				
Private Funds				
Other: _____				
SubTotal				

Total Program/ Project Costs				
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Anticipated Completion Date _____ _____ _____ _____

Modal Split	% of Requested STP Competitive Funds
HOV	_____
Transit	_____
Bicycle/Pedestrian	_____
Roadway , Bridge	_____
Other _____	_____
Total	_____

Section 4: Self-Certifications (*Thresholds*)

Is this program or project consistent with:

- A. Local, regional and state transportation plans including those for bicycle and pedestrian facilities.

Yes____ No____

Describe which ones and how:

- B. Local transit development plans

Yes____ No____

Describe which ones and how:

- C. Local comprehensive land use plans

Yes ____ No____

Describe which ones and how.

D. Does this program or project meet the objectives of:

(1) Growth Management Act Yes ____ No ____ N/A ____
Explain:

(2) High Capacity Transportation Act Yes ____ No ____ N/A ____
Explain:

(3) Federal and State Air Quality Requirements Yes ____ No ____ N/A ____
Explain:

(4) Americans with Disabilities Act and Washington State accessibility requirements Yes ____ No ____ N/A ____
Explain:

Section 5: Evaluation Criteria

1. Multimodal - Describe why and how this project is multimodal. List the new modes of transportation accommodated by this project. Describe how this project will facilitate connections between modes and improve the coordination between systems, organizations, providers and improve the mobility of people and goods.

2. Innovation - Describe why and how this project or program is innovative. Identify new technologies or use of old technology in new ways. Identify new institutional relationships and/or new financial arrangements. Are innovations transferable to other agencies and locations? If so, explain.

3. Mobility - Describe how this project or program will improve the mobility of people and goods. How will it make better use of the transportation facilities and/or systems? How much travel time will this project eliminate for transportation users? Identify the increase in usage of HOV's and non-motorized transportation market share. Describe how this project will reduce rural isolation. Identify the impact to freight mobility, ie truck volume?

4. Economic Development - Does this project enhance economic development? If so, how? Describe the enhancement of freight and good movement as it relates to economic development. Will this project promote new business and/or job development and involve partnerships with business or private sector entities. Does the project impact an economically distressed area as defined by the Department of Employment and Security, Labor, Market, Economic, and Analysis Branch?

5. Environment - Describe how this project or program enhances the environment. Explain how this project impacts air quality, water quality, noise reduction and energy efficiency. Will this project require or include environmental mitigation?

6. Financial - Does this project make use of public and/or private participation in excess of 5%? Identify the extent of leveraging. Explain how this project is ready to construct or implement.

7. Preservation - Describe how this project or program involves preserving the transportation facilities, fleet, and/or corridors? What is the importance of preserving this corridor?

8. Customer Sensitivity/Safety - Describe why and how this project or programs supports customer sensitivity and safety. Identify safety improvements, customer amenities and enhancements (landscaping, pedestrian and bicycle facilities).